Wellness Works
Counseling

349 North McKean Street
Butler, Pennsylvania 16001
P: (724) 282-0332
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HIPAA (Notice of Privacy Practices):

Effective Date: February 16, 2026

THIS NOTICE DESCRIBES HOW YOUR HEALTH INFORMATION MAY BE USED AND SHARED AND HOW YOU CAN ACCESS IT. PLEASE READ IT CAREFULLY.

Our Responsibilities

We are required by law to keep your health and mental health information private. We must give you this Notice of Privacy Practices and follow the privacy rules described here.
We may update this notice from time to time. When we do, the new notice will apply to all information we have about you. You may request a paper copy at any time.

How We May Use and Share Your Information

After you sign our consent form, we may use or share your protected health information (PHI) for:

- Treatment: Providing, coordinating, or managing your care, including consultation or supervision.
- Payment**:** Billing and receiving payment for services.
- Health Care Operations: Practice operations such as quality improvement, training, audits, and administrative activities.

Special Protections for Substance Use Disorder (SUD) Records

Some records, including Substance Use Disorder (SUD) treatment records, have additional protections under federal law (42 CFR Part 2).

- SUD records will not be shared for treatment, payment, or health care operations without your written consent, unless allowed by law.
- These records generally cannot be used in legal or administrative proceedings without your consent or a qualified court order.
- You may revoke your consent in writing at any time, unless action has already been taken.

Other Times We May Share Information Without Permission

We may share information without written authorization when required by law, including:

- Suspected abuse or neglect of a child, elder, or vulnerable adult

- Serious and immediate threats to health or safety
- Court orders, subpoenas, or other legal requirements

Your Rights

You have the right to:
- Inspect or obtain copies of your records (excluding psychotherapy notes)
- Request corrections to your records
- Request a list of certain disclosures
- Ask for limits on how your information is used or shared
- Request private or confidential communication
- Receive a paper copy of this notice

Authorization and Redisclosure

Uses or disclosures not described in this notice require your written permission. You may revoke permission at any time in writing.
Information shared may be shared again by the recipient and may no longer be protected by HIPAA, unless another law applies.

Complaints

If you believe your privacy rights were violated, you may file a complaint:
With the Practice:
Rebeccah Lombardo, LCSW
Wellness Works Counseling, LLC
349 N McKean Street
Butler, PA 16001
724-282-0332

Or with the U.S. Department of Health and Human Services:
Office for Civil Rights
Online: https://www.hhs.gov/ocr/complaints
Phone: 1-800-368-1019

You will not be punished or treated differently for filing a complaint.